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(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE

mR729/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Education to Equity, Corp.	
Name of corporation - m	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Eric Kolar	
Name of Pers	son
Eric S. Kolar, P.A.	
Firm/Compar	ny
3305 Atlantic Boulevard, Suite B	
Address	
Jacksonville, FL 32207	_
City/State and 2	Zip code
jhutchison@e2e-now.com	
E-mail address: (to be used for f	future annual report notification)
For further information concerning this matter, please call:	
Jody Hutchison at (630)	631.7786
	e & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Entar nama of -	Equity, Corp.		
	corporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	DRATED," "COMPANY," "CORPORATION,"	
-	.,		
(If name unavail	able in Florida, enter alternate corpor	rate name adopted for the purpose of transacting business in Florid	a)
ILLINOIS		_{3.} 45-4281673	•
(State or country	under the law of which it is incorpora	ated) (FEI number, if applicable)	
12/13/2011		5. perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	")
)			
	(Date first transacted b (SEE SECTIONS 607 1501	business in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
Education t	to Equity, Corp.	2007.1302, 1.5., to determine political facility)	
. Education t	Principal of	office address)	_
1904 Oade	en Avenue, Lisle, IL 60		
	~	ailing address)	
		,	
S		state or country to be carried out in state of Florida)	
(Purpose(s) of corporation authorized in home s	state or country to be carried out in state of Florida)	
	et address of Florida registered age	ent: (P.O. Box NOT acceptable)	
. Name and stree		ent: (P.O. Box NOT acceptable)	-
. Name and <u>stree</u> Name:	Eric S. Kolar	ent: (P.O. Box NOT acceptable)	7
. Name and <u>stree</u> Name:		Suite B Suite B	7
. Name and <u>stree</u> Name:	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville	Suite B Suite B Florida 32207	7 17
Name and <u>stree</u> Name:	Eric S. Kolar 3305 Atlantic Boulevard,	Suite B Suite B Florida 32207 (Zip code) SECRETARY OF STATE OF	7 18 1 : 50
Name and stree Name: Office Address: 0. Registered ag	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance:	Suite B , Florida 32207 (Zip code) FEB 28 RECRETARY OF STATE O	
Name and stree Name: Office Address: 0. Registered ag Iaving been name	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance: sed as registered agent and to acceptance	Suite B , Florida 32207 (Zip code) rept service of process for the above stated corporation at the	e pla
Name and stree Name: Office Address: Registered aglaving been names	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance: ed as registered agent and to acceptance application, I hereby accept the desired agent.	Suite B , Florida 32207 (Zip code) rept service of process for the above stated corporation at the appointment as registered agent and agree to act in this cap	e pla vacit
O. Name and stree Name: Office Address: O. Registered aghaving been namelesignated in this further agree to contact the street agree the street agreet	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance: ed as registered agent and to acce application, I hereby accept the comply with the provisions of all si	Suite B , Florida 32207 (Zip code) rept service of process for the above stated corporation at the	e pla vacit
Name and stree Name: Office Address: O. Registered aghaving been namelesignated in this	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance: ed as registered agent and to acce application, I hereby accept the comply with the provisions of all si	Suite B , Florida 32207 (Zip code) rept service of process for the above stated corporation at the appointment as registered agent and agree to act in this capitatutes relative to the proper and complete performance of	e pla vacit
Name and stree Name: Office Address: O. Registered aghaving been namelesignated in this	Eric S. Kolar 3305 Atlantic Boulevard, Jacksonville (City) gent's acceptance: ed as registered agent and to acce application, I hereby accept the comply with the provisions of all si	Suite B , Florida 32207 (Zip code) rept service of process for the above stated corporation at the appointment as registered agent and agree to act in this capitatutes relative to the proper and complete performance of	e pla vacit

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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•	
12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	
Chairman:	
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	•
B. OFFICERS	
President: Thomas Stanley	
Address: 1904 Ogden Avenue	
Lisle, IL 60532	
Vice President:	
Address:	
Secretary:	
Address:	
reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	
13.	,

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a

File Number

6816-886-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

EDUCATION TO EQUITY, CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 13, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1204500748

the State of Illinois, this day of **FEBRUARY**

A.D.

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of

2012

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE